

**PRAXIS HOLIDAYS LLP**

**MCA IN : AAL-8342**

**KAILASH MANASAROVAR PILGRIMAGE TOUR SEPT 2019**

**(LUCKNOW-NEPALGANJ-SIMILKOT-HILSA-TAKLAKOT- MANSAROVAR)**

**Registration Form**

**TO**

**PRAXIS HOLIDAYS LLP**

**1839, I BLOCK , 20<sup>TH</sup> MAIN ROAD,**

**ANNA NAGAR , CHENNAI , 600040**

Dear Sir

I Wish to join the the Kailash Manasarovar Pilgrimage Tour group being organized by your company and I hereby send all my details required by you along with advance payment to confirm my participation in the tour group leaving LUCKNOW on 11<sup>TH</sup> September. **I am also enclosing herewith soft copy of my passport with validity more than 6 months from the date of travel along with soft copy of passport size color photo.**

**Surname:**

**Middle Name:**

**Given Name:**

**Date Of birth**

**Age:**

**Gender:**

**Nationality:**

**Passport Number :**

**Issuing Country:**

**Expiry:**

**Weight;**

**PAN NUMBER:**

Health Issue (if any):

Communication Address:

Contact Details ;

Telephone land line: (+ country code) (Area code) (Number)

Mobile: (+country code) (Number )

Email:

**EMERGENCY CONTACT DETAILS:**

Name of Contact Person:

Relationship with Pax:

Land line Number:

Mobile Number:

I confirm having read and fully understood and shall comply with booking terms and conditions , additional terms and conditions and risks and liabilities attached herewith.

I confirm that I have been appraised of risks and uncertainties involved in travel to Kailsh Mansarovar.

I undertake to provide 30 days prior to date of departure medical fitness certificate from a physician certifying specifically my fitness to travel to Kailash Mansarovar.

PILGRIM SIGNATURE :

DATE:

PILGRIM NAME:

PLACE: